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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing) CUSTOMER NUMBER 27832

26 Total Number of Pages in This Submission

Application Number	09/204,888	}
Filing Date	3 December 1998 FCFIV	/FD
First Named Inventor	ELDERING NOV 0 6 7	003
Group Art Unit	2611	
Examiner Name	Grant, Christopher	ter 260(
Attorney Docket Number	T702-00 (8887.3002)	)

		ENCLOSURES (check all that apply)		
Fee Transmittal For	m	Assignment Papers (for an Application)  After Allowance Communication to Group		
Fee Attached	d	Drawing(s)  Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	у	Licensing-related Papers  Appeal Communication to Group  (Appeal Notice, Brief, Reply Brief)		
. After Final		Petition Proprietary Information		
Affidavits/de	eclaration(s)	Petition to Convert to a Provisional Application Status Letter		
Extension of Time F	Request	Power of Attorney, Revocation Change of Correspondence Address  Other Enclosure(s) (please identify below):		
Express Abandonn	nent Request	Terminal Disclaimer  Request for Refund		
Information Disclos	sure Statement	CD, Number of CD(s)		
Certified Copy of Priority Document(s)  Remarks				
	Response to Missing Parts/ Incomplete Application  PTO-1449			
	Response to Missing Parts  Cited References (7 total-not included in total pages in			
under 37 CFR 1.52 or 1.53 submission count).  Return receipt postcard.				
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PTO/SB/17 (11-00)
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## **FEE TRANSMITTAL** for FY 2003

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

\$1	1	80	.00

Co	omplete if Known RECEIV	FD
Application Number	09/204,888	
Filing Date	3 December 1998 NOV 0 6 200	3
First Named Inventor	ELDERING	
Examiner Name	Grant, ChristopherTechnology Cente	r 2600
Group Art Unit	2611	İ
Attorney Docket No.	T702-00	)

METHOD OF PAYMENT	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES	-			
Deposit Deposit	Large Small Entity Entity				
Account Number 501535	Entity Entity Fee Fee Fee Fee Fee Fee Description	Fee Paid			
Deposit Account Expanse Networks, Inc.	Code (\$) Code (\$)	0.00			
Name	407 50 007 05 00001000 11 150 150				
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	cover sheet	0.00			
Applicant claims small entity status.	139 130 139 130 Non-English specification				
See 37 CFR 1.27  2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination	0.00			
Check Credit card Money Cother	112 920* 112 920* Requesting publication of SIR prior to Examiner action	0.00			
FEE CALCULATION	113 1,840° 113 1,840° Requesting publication of SIR after Examiner action	0.00			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	0.00			
Large Entity Small Entity	116 390 216 195 Extension for reply within second month	0.00			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month	0.00			
404 740 004 055 11484 58	118 1,390 218 695 Extension for reply within fourth month	0.00			
106 320 206 160 Design filing fee 0.00 0.00	128 1,890 228 945 Extension for reply within fifth month	0.00			
107 490 207 245 Plant filing fee 0.00	119 310 219 155 Notice of Appeal	0.00			
108 710 208 355 Reissue filing fee 0.00	120 310 220 155 Filing a brief in support of an appeal	0.00			
114 150 214 75 Provisional filing fee 0.00		0.00			
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SUBTOTAL (1) (\$) 0.00	Fig. 110 210 00 1 cadon to fortion anatologopio	0.00			
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Extra Claims below Fee Paid		0.00			
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Large Entity Small Entity		0.00			
Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt	180.00			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)	0.00			
102 80 202 42 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00			
104 270 204 140 Multiple dependent claim, if not paid  109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be	0.00			
110 18 210 9 ** Reissue claims in excess of 20	179 750 279 375 Request for Continued Examination (RCE)	0.00			
and over original patent	169 900 169 900 Request for expedited examination of a design application	0.00			
SUBTOTAL (2) (\$) 0.00	Other fee (specify)	0.00			
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SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Douglas J./Ryder	Registration No. (Attorney/Agent)	43,073	Telephone	(215) 766-2100
Signature	1/00/01			Date	10/30/03

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